

# AUTO CR - LOG SUMMARY #1072416

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE INVOLVED MEMBER, WHILE SEARCHING FOR A SUSPECT, DISCHARGED HER FIREARM AT A PIT BULL AFTER IT GRABBED THE LEG OF ANOTHER DEPARTMENT MEMBER.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	TAGLIOLI, THOMAS A		008 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
05-NOV-2014 03:19 - 05-NOV-2014 03:19		0824	008	289 - RESIDENCE PORCH/HALLWAY	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	MARSH, CHEVON P	12195	008 / 211	POLICE OFFICER	F	BLK		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	CPIC OFFICER LOCULLO#8769, NOTIFIED THIS OFFICE AT 18:58 HRS.		

## Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Investigator History

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-DEC-2014 02:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 02:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-DEC-2014 08:01	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-DEC-2014 07:26	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	09-DEC-2014 07:26	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	09-DEC-2014 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	09-DEC-2014 07:20	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2014 07:25	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	05-NOV-2014 11:28	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:58	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:53	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:51	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 05:07	STEWART, DENISE	INTAKE AIDE	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	05-NOV-2014 05:07			
	DOCUMENTS - INTAKE INCIDENT		1	SGT. TAGLIOLI#2491	N	STEWART, DENISE	05-NOV-2014 09:04	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	05-NOV-2014 09:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFC. C. MARSH#12195	N	STEWART, DENISE	05-NOV-2014 09:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	RD	N	STEWART, DENISE	05-NOV-2014 09:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		12		N	TOUSANT, LISA	09-DEC-2014 07:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	ANOV	N	STEWART, DENISE	05-NOV-2014 09:14	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 05-NOV-2014) - LOG #1072416

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	TAGLIOLI, THOMAS A			008 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	05-NOV-2014 17:07	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-DEC-2014 02:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 02:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-DEC-2014 08:01	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
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PRELIMINARY	09-DEC-2014 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	09-DEC-2014 07:20	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-NOV-2014 07:25	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	

## Status History

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PRELIMINARY	05-NOV-2014 11:28	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:58	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:53	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 10:51	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	05-NOV-2014 05:07	STEWART, DENISE	INTAKE AIDE	113 /	

008th District

05 Nov 2014

To: Commander J. O'Donnell #13  
008th District

From: Sgt. T. Taglioli #2491  
008th District

Subject: Initiation Report - C.L. #1072416

Accused: Marsh, Chevon, #12195, Emp. [REDACTED] 008<sup>th</sup> District

Witness: Sgt. M. Karczewski #1050, Assigned to Unit 331  
P.O. J. Legut #5028, Unit 008

Allegation: Weapon Discharge

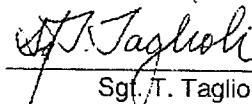
Date & Time: 05 Nov 2014 / 1525

Location: [REDACTED]

Attachment: [REDACTED]

Notifications: Lt. J. Dowd, 1600 hrs.  
I.P.R.A. Inv. Stewart #34883, 1705 hrs.

History: Officer Marsh discharged her firearm one time while searching for a U.U.W. suspect after a pit bull grabbed the leg of Sgt. M. Karczewski, striking the dog in the right rear leg.

  
Sgt. T. Taglioli #2491

Approved: \_\_\_\_\_  
\_\_\_\_\_

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>05-NOV-2014</b>		TIME <b>15:25:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE <b>289</b>		4. BEAT/OCCUR <b>0824</b>			
	5. POSITION <b>9161</b>		16. LAST NAME <b>MARSH</b>		7. FIRST NAME <b>CHEVON P</b>		8. STAR NO. <b>12195</b>		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F			
	10. RACE CODE <b>BLK</b>		11. AGE [REDACTED]		12. HT. <b>504</b>		13. WT. <b>130</b>					
	14. DATE OF APPT <b>01-SEP-2010</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>008 0825</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE [REDACTED]		25. D.O.B. [REDACTED]	
	26. HT. [REDACTED]		27. WT. [REDACTED]		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED [REDACTED]		37. CB NO. <input checked="" type="checkbox"/> DNA	
	38. IR NO. <input checked="" type="checkbox"/> DNA											
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
	WHISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		OTHER <input type="checkbox"/>							
CASE INFO.	39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION		POSITION		STAR NO.		UNIT			
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b>			
	59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON			
	69. POSITION OF MEMBER DISCHARGING WEAPON		70. EVENT NO.		71. R.O. NO.							
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC												
NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.												
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name) <b>MARSH, CHEVON P</b>												
STAR/EMPLOYEE NO. <b>12195</b>												
SIGNATURE [REDACTED]												
74. REVIEWING SUPERVISOR (Print Name) <b>TAGLIOLI, THOMAS A</b>												
STAR NO. <b>2491</b>												
SIGNATURE [REDACTED]												
DATE REVIEWED <b>05-NOV-2014 19:41:54</b>												
TIME <b>05-NOV-2014 19:41:54</b>												

**LIEUTENANT OR ABOVE/OCIC REVIEW**

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**☒ ONA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)**76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING**

Officer Marsh shot an attacking dog in order to protect herself and other police officers after the dog attempted to bite Sgt. Karczewski in the leg, tearing his pants. Based on available information, I have concluded that the member's actions were in compliance with Department procedures and directives. Log #1072416.

**77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

**78. LIEUTENANT OR ABOVE/OCIC (Print Name)****WALSH, DENNIS P**

SIGNATURE




DATE COMPLETED TIME

**05-NOV-2014 20:10:08****79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

**ATTACHMENTS - PHOTOCOPIES OF:**☐ CASE REPORT  
☐ ARREST REPORT☐ SUPPLEMENTARY REPORT☐ OFFICER BATTERY REPORT☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)☐ I.O.D. REPORT☐ CR INITIATION REPORT**80. TOTAL TRR's THIS EVENT No.****1**



 <b>ADMINISTRATIVE NOTICE OF ORDINANCE VIOLATION</b> In the City of Chicago Department of Administrative Hearings City of Chicago, a Municipal Corporation, Petitioner, vs.									
[Redacted]									
Person does not if Chicago Police Department Phone: [Redacted] Subject/DREV No. or Inventory No. if applicable: [Redacted]									
Identification: <input checked="" type="radio"/> DLN/ID <input type="radio"/> Other: [Redacted] DLN State: IL <input type="radio"/> Other: [Redacted]									
Height	Weight	Sex	Race	Eyes	Hair	[Redacted]			
4'11"	140	F	4	BRN	BLK	[Redacted]			
<b>STEP 1: Officer, Investigator, Inspector, and/or Complainant on oath states that the Respondent did then and there violate the following section(s) of the Municipal Code of Chicago:</b>									
COUNT 1 DRIVING WHILE USING MOBILE TELEPHONE WITHOUT HANDS-FREE DEVICE 9-76-230(a) DRINKING ALCOHOL ON THE PUBLIC WAY 8-4-030(a) PUBLIC URINATION 8-4-001(a) ALCOHOL ON PARK DISTRICT PROPERTY 10-36-185 Ch. VII B.7 AFTER HOURS - PARK DISTRICT PROPERTY 10-36-185 Ch. VII B.2 SMOKING ON THE CTA 10-8-526/98-126 #2.B DRINKING ALCOHOL ON CTA 10-8-526/98-126 #2.4					COUNT 2 FALSE BURGLAR ALARM 8-4-056(b) POSSESSION OF CANNABIS-UP TO 15 GRAMS 7-24-099(a) OTHER: TITLE CHA. SEC. 17-12-140 (a) RULE 17-12-140 (a) OFFENSE (if other): DOG LICENSE REG'D AT 4 MONTHS.				
<b>STEP 2: You Must Describe Actions for Each Count below:</b>									
Count 1, In That: OWNER FAILED TO OBTAIN CITY LICENSE FOR DOG.									
Count 2, In That:									
[Redacted]									
Dir. Street Name: in the City of Chicago, County of Cook SCAMPBELL ST Suffix: AV									
Vio. Date: Mo/Day Year		Time of Violation		Notice Date: Mo/Day if different than Vio. Date		Year of Notice			
11/05/2014		11:00 AM		11/05/2014		2014			
Complainant's Name if not Issuing Officer, Investigator, or Inspector [Redacted]									
Unit	Star / Badge	Signature of Issuing Officer, Investigator, or Inspector							
008	5098	[Signature]							
<b>Administrative Hearing Appearance</b>									
IMPORTANT: UNLESS YOU HAVE BEEN ISSUED A MAIL-IN OPTION VIOLATION YOU MUST APPEAR FOR A MANDATORY HEARING ON:									
Date: Mo/Day Year	Time	At: 400 W. Superior		Room No.					
12/2/2014	9:00 AM	[X]		102					
FAILURE TO APPEAR may result in the imposition of a fine not to exceed the maximum penalties for each violation as specified in the Municipal Code of Chicago plus costs, restitution, and fees. Failure to comply with the Administrative Law Judge's order may result in the issuance of additional sanctions. Failure to pay the fine or appear may also subject you to further prosecution in Cook County Circuit Court for violation of Section 3-4-1(a) of the Municipal Code of Chicago.									
I acknowledge receipt of this notice. Signature of Respondent or Person Served: [Redacted]									
Comments: [Redacted]									
P									
SEE REVERSE SIDE FOR MAIL-IN PAYMENT OPTIONS DEPARTMENT OF ADMINISTRATIVE HEARINGS COPY Int-Int: +									

**Bureau of Internal Affairs  
Records Section**

**Date: 05 Nov 2014  
Log No: 1072416**

**TO:** Juan Rivera  
Chief  
Bureau of Internal Affairs

Attn: Robert Klimas  
Commander  
Bureau of Internal Affairs

Lt. Sue Clark #320  
Commanding Officer  
Administrative Section  
Bureau of Internal Affairs

**FROM:** Sergeant Phyllis Muzupappa #1952  
Records Section  
Bureau of Internal Affairs

**SUBJECT:** Synoptic Report - Firearms Discharge Incident - Animal

**RESULTS:** BAC: .000

**REFERENCE NO.:** Log No.: 1072416  
WD No.: [REDACTED]

**INCIDENT LOCATION:** [REDACTED]

**DATE & TIME** 05 November 2014 1525 hrs

**WC:** Lt. John Dowd #554

**INVOLVED MEMBER:** P.O. MARSH, Chevon  
Star # 12195  
Employee # [REDACTED]  
UOA: [REDACTED]  
C/S 01-Sep-2010  
D.O.B. [REDACTED]


**Firearms Discharge Incident contd.**

**NARRATIVE:**

Reporting Sergeant received notification from Operations Command by PO LOCULLO at 1605 hours on 05 NOV 2014 regarding a Firearm Discharge Incident in the 008 District.


Reporting Sergeant arrived and began the 20 minute observation period of INVOLVED MEMBER at 1700 hours. INVOLVED MEMBER was presented with "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. This Breath Test was conducted at 1724 hours and the BAC was .000. The WC was notified of the results.

Reporting Sergeant then collected the urine specimen of INVOLVED MEMBER at 1830 hours.



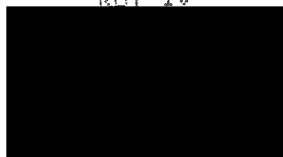
Sergeant Phyllis Muzupappa  
Records Section  
Bureau of Internal Affairs

**APPROVED:**



Lt. Sue Clark #320  
Commanding Officer  
Administrative Section  
Bureau of Internal Affairs

TEST RECORD  
RRT IV



185100  
AS IV# 102541  
TEMPERATURE 15 C

SUBJECT TEST  
WBAC TIME

.000 BLANK  
.000 AUTO 17:24



OPERATOR

Murukappa  
WITNESS

008 District  
TEST LOCATION

1072416

Last Name: MARSH

First Name: CHEVON

Rank: P.O.

Star #: 12195

Unit: 008

Home Zip Code: [REDACTED]

Date Hired: 01 SEP 14

Birthdate: [REDACTED]



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Marsh, Chevon Title P.O.  
Star No. 12195 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>Marsh, Chevon</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>05 NOV 14 / 1708</u>
Type of Test: <b>Alcohol</b>	Location: <u>3420 W. 63RD</u>	Date and Time: <u>5 NOV 14 1724</u>	
Type of Test: <b>Drug</b>	Location: <u>3420 W. 63RD</u>	Date and Time: <u>5 NOV 14 1830</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. Phyllis Muzupappa #1952</u>	B.I.A. Supervisor's Signature <u>[Signature] #1952</u>	Date and Time <u>5 NOV 14 1830</u>
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CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Muzurappa #1952

Signature of Employer Representative

## PART I -

A. On the 24<sup>th</sup> day of NOVEMBER, 2014 at 18:30, I, CHEVON MARSH  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to MUZURAPPA #1952 and witnessed this member:  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self-adhesive tape. Then I initialed the barcode label on bag with the number

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

## PART II -

The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

## PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

(DATE)

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

**RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT**

On the 05 day of NOV 2014, I PO C. Conry #7094  
received a collected urine specimen from SGT. Muzupappa #1952. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO Conry in the presence  
of Sgt. Muzupappa. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by PO Conry, as witnessed by Sgt. Muzupappa.

Specimen delivered by:

Signature

[Signature]

#1952

Received/stored by:

Signature

PO Camell Conry

#7094



Last Name: MARSH

First Name: CHEVON

Rank: P.O.

Star #: 12195

Unit: 008

Home Zip Code: [REDACTED]

Date Hired: 01 SEP 14

Birthdate: [REDACTED]



05 NOV 14

## CHICAGO POLICE DEPARTMENT

**Donor I.D. verified**

Photo I. D. by

☐ Employer Representative

**Signature of Employer Representative**

A. On the 5th day of NOVEMBER, 2014 at 18:30, I, CHEVON MARSH  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to MUZUPAPPA #195 and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.**

- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.**

- D. Close the vial cap.**

- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

- F. Place my specimen in a bag with [REDACTED] adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

**EXAMINEE'S SIGNATURE**

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO

**PART II -**

The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

(DATE)

(TIME)

(EXAMINEE'S INITIALS)

**PART III -**

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

, on

(DATE)

at

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 05 day of NOV 2014, I PO C. Conry # 7094  
received a collected urine specimen from SGT. Muzupappa # 1952. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO Conry in the presence  
of Sgt. Muzupappa. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by PO Conry, as witnessed by Sgt. Muzupappa.

Specimen delivered by: \_\_\_\_\_ # \_\_\_\_\_  
Signature

Received/stored by: PO Carroll Conry # 7094  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Marsh, Chevon Title P.O.  
Star No. 12195 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>Marsh, Chevon</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>05 NOV 14 / 1708</u>
Type of Test: <b>Alcohol</b>	Location: <u>3420 W. 63RD</u>	Date and Time: <u>5 NOV 14 1724</u>	
Type of Test: <b>Drug</b>	Location: <u>3420 W. 63RD</u>	Date and Time: <u>5 NOV 14 1830</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. Phyllis Muzupappa #1952</u>	B.I.A. Supervisor's Signature <u>[Signature] #1952</u>	Date and Time <u>5 NOV 14 1830</u>
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CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.



11/7/2014 4:11:48 PM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### SPECIMEN INFORMATION

REQUISITION: [REDACTED]  
LAB REF NO: [REDACTED]  
COLLECTED: 11/5/2014 18:30  
RECEIVED: 11/7/2014 06:33  
REPORTED: 11/7/2014 16:08  
DOCUMENT ID:

### CLIENT INFORMATION

[REDACTED]  
USHW/CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653  
CSL: N/P

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: [REDACTED]

### Integrity Checks

### Acceptable Range

CREATININE	51.3 mg/dL	>= 20 mg/dL
pH	5.6	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

### Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

### ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR